

California In-Hospital Breastfeeding Initiation as Reported on the Newborn Screening Test Form: 1992-2002

NOTES:

1. Year is calendar year and is based on infant date of birth.
2. Race/ethnicity is based upon infant race/ethnicity as reported for both mother and father on the birth certificate.
3. "Hispanic" includes all Hispanics, regardless of race.
4. "Multiple Race/Other" includes non-Hispanics with multiple races.
5. "Asian/Pacific Islander" includes Asian, Asian Indian, Chinese, Japanese, Korean, Cambodian, Laotian, Vietnamese, Filipino, Samoan, Hawaiian, Guamanian, and Southeast Asian.
6. "White, non-Hispanic" includes White and Middle Eastern.
7. The denominator used to compute the percent data is "Known Method of Feeding". Births with unknown feeding method are excluded. Approximately 2.5% of births have missing feeding data.
8. "Exclusive Breastfeeding" includes women who breastfeed only.
9. "Any Breastfeeding" includes women exclusively breastfeeding and those supplementing breastfeeding with formula or some other type of feeding.
10. The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following four categories to describe the method of infant feeding: (1) Breast only; (2) Formula only; (3) Breast and Formula; and (4) Other. Data collected from the Newborn Screening Test Form are then prepared and processed by the Program Development and Evaluation Section of the Genetic Disease Branch.